

**CONTRACT BETWEEN STUDENT, PARENT, NURSE AND PHYSICIAN
for permission to carry and self-administer Epi-Pen or Epi-Pen Jr.**

Student Name _____ **School** _____

1. Student has demonstrated understanding of:
 - a. circumstances of their specific allergy
 - b. symptoms of severe reaction of anaphylaxis and identifying the need for epinephrine,
 - c. technique of Epi-Pen or Epi-Pen Jr.
2. Student agrees **NEVER** to share Epi-Pen with another person
3. Student agrees to seek help **IMMEDIATELY** from the school nurse or another adult in the event of exposure to a known allergen (regardless of whether or not epinephrine was administered)

I give permission for _____ (*name of child*) to carry and self-administer epinephrine in the form of Epi-Pen or Epi-Pen Jr. delivery system. I agree with and understand that s/he must follow the rules listed above. In the event that epinephrine needs to be administered, I understand that the Emergency Medical System will be called, and my child will be transported to the nearest available hospital for continued medical support. I will notify the school of any changes in my child's medication or medical condition.

Parent / Guardian Signature

Date

Student Signature

Date

Physician Signature

Date

School Nurse Signature

Date